

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572871

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62	1		1			
63		1		1		
64		2		1		
65		2		1		
66		2		2		
67		2		2		
68		2		2		
69		2		2		
70		2		2		
71		2		2		
72		2		2		
73		2		2		
74		2		2		
75		2		2		
76		2		2		
77		2		2		
78	1		1			
79		1		1		
80		1		1		
81	1		1			
82		1		1		
83		1		1		
84		1		1		
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100	1		1			
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	33	←		←
TOTAL CLAIMS			37			